

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS						*	*	*				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	51	1				
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
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28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38	1						88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
<b>TOTAL IND.</b>							<b>TOTAL IND.</b>	1				
<b>TOTAL DEP.</b>							<b>TOTAL DEP.</b>	13				
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>	14				